Form 4100R

Response to Notice of Final Cure Payment

12/15

According to Bankruptcy Rule 3002.1(g), the creditor responds to the trustee's notice of final cure payment.

Part 1: Mortgag	e Information		
Name of Creditor:	PHH Mortgage Corporation	Cour <u>5</u>	t claim no. (if known):
_ast 4 digits of an	y number you use to identify the debtor's acc	ount: <u>0560</u>	
Property address	: 1031 Tree St Number Street Philadelphia, PA 19148 City State ZIP Code		
Part 2: Prepetit	ion Default Payments		
on the creditor's ☐ Creditor disagree	es that the debtor(s) have paid in full the amount claim. Creditor asserts that the total prepetition a	required to cure the prepetition default	\$
Part 3: Postpeti	ition Mortgage Payment		
Check one:			
Creditor states the Bankruptcy (nat the debtor(s) are current with all postpetition Code, including all fees, charges, expenses, escr	payments consistent with § 1322(b)(5) of row, and costs.	
The next postpe	tition payment from the debtor(s) is due on:	I/DD/YYYY	
☑ Creditor states the of the Bankruptc	nat the debtor(s) are not current on all postpetitio y Code, including all fees, charges, expenses, e	on payments consistent with § 1322(b)(5) scrow, and costs.	
Creditor asserts	that the total amount remaining unpaid as of the	date of this response is:	
a. Total postpe	tition ongoing payments due:		(a) \$ <u>8,904.81</u>
b. Total fees, cl	narges, expenses, escrow, and costs outstanding	g:	+(b) \$ <u>550.00</u>
c. Total . Add lir	nes a and b.		(c) \$ <u>9,454.81</u>
	s that the debtor(s) are contractually e postpetition payment(s) that first became	06/01/2019 MM/DD/YYYY	

Debtor1 <u>J</u>	JULIE V. FOL First		Case number (if known) 15-13643-elf
Part 4:	Itemized P	ayment Histor	
debtor(s) the credit bankrupto all pay all fee all am	are not curitor must attacy filing thro yments recess, costs, es nounts the co	rent with all pos ach an itemized ough the date of eived;	ses assessed to the mortgage; and
Part 5:	Sign Here		
The pers	-	ting this respo	se must sign it. The response must be filed as a supplement to the creditor's
Check the	appropriate k	box::	
_	ne creditor. ne creditor's	authorized agen	
to the bes	st of my kno print your na	owledge, informance and your tite	at the information provided in this response is true and correct ation, and reasonable belief. e, if any, and state your address and telephone number if different roof of claim to which this response applies.
	/s/Andre	w Spivack	Date <u>12/11/2020</u>
Print	Andrew S First Name		Title <u>Attorney</u>
Company	Brock & S	Scott, PLLC	
If different fr	rom the notice	address listed on	e proof of claim to which this response applies:
Address	302 Fello Number	wship Road, Suite Street	130
	Mount La City	urel, NJ 08054	State ZIP Code
Contact phon	ne <u>844-856-6</u>	6646 x3017	Email PABKR@brockandscott.com